

# **WIC Work Group**

January 10-11<sup>th</sup>, 2017



# AGENDA REVIEW



# Review

- See minutes from last meeting (in packet)
- Review strategic plan
- Any thoughts, questions, discussion?

# Membership- MAWA

- Vacancies
- Cycle out
- Subs

# Communications



# Communications- current

## State to Local

- Weekly newsletters
- Bi-monthly conference calls
- Annual conference
- Contact information updated annually with contract
  - For financial, contracts, monitoring, other important issues
- State office staff available mostly during business hours
- Annual survey for locals to provide feedback
- Website updated regularly



# Feedback

- Survey done December 2015 (will be repeated soon)
- See following slides for results

# Trends

Respondents were asked how they view State WIC Office's ability to address local staff's needs, questions, concerns.

- 73% agree or strongly agree they are provided **clarification/explanation** of policy questions.
- 85% agree or strongly agree State WIC responds to requests/concerns in **timely manner**.
- 81% indicated they are **comfortable communicating** requests/concerns to State WIC

# Trends Continued...

Respondents were asked how effectively the State WIC updates Local staff on policy changes.

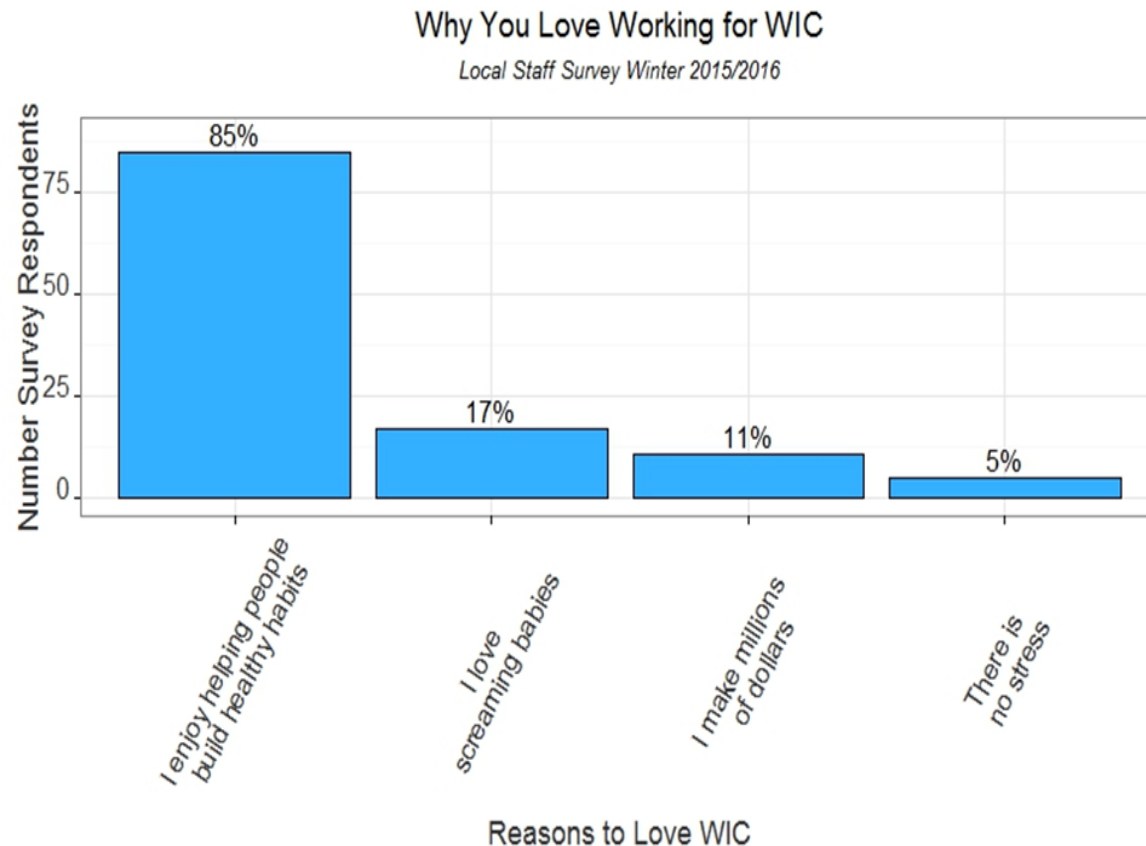
- 97% found the **weekly newsletter** to be effective.
- 69% agreed the **website** is effective; 9% strongly disagreed

Most respondents report a good or excellent working relationship with State staff.

- 84% from large clinics
- 90% from medium clinics
- 89% from small clinics

# Trends Continued...

Most respondents like working with WIC participants



# Key Findings:

## Contributing Factors supporting positive working relationships:

The **call line** and **immediate communication** were the overwhelming positives across all interviews. All 17 participants highlighted **being able to call in as highly valuable**. Everyone who mentioned **IT support specifically** was very pleased with the experience. **The newsletter** was also praised by 12/17

## Contributing Factors inhibiting positive working relationships:

Participants would also like the State to **ask locals for input prior to implementing changes** (4/17). Participants also said **they felt like the state doesn't understand** (4/17) or **show sufficient appreciation** (3/17) **what locals do**. **Location of the annual training was brought up in 3/17 interviews**, with all three complaints originating from small clinics. Two participants reported the **State staff made them feel bad for needing assistance**.

# Key Findings (cont.)

Overall, how is the status of the working relationship?

Overall opinions: **Good (x7)** , **very good (x3)**, **pretty good (x2)** , excellent, “overly good”, “really good”, negative, “better than average”

What additional tools/resources will help foster this relationship?

Seven participants **requested more training opportunities**. Others requested **continued advertisement/media support, an online forum for communication, faster delivery of printed materials, a topic to “push” at local clinics, and improvements to the computer systems, internet service, and website formatting.**

# Follow-up Activities

Survey illuminated many themes of feedback from local WIC staff. State WIC organized themes by what we can and cannot control and what actions we can take.

- Customer service training (improve consistency, clarity, tone, attitude of communications)
- Simplify/clarify State Plan policies
- Develop training resource for monitoring process
- Request more feedback from locals
- Respect that locals are on the front lines of WIC
- Use quizzes to improve understanding of SPIRIT

# Other communications

- Healthcare Providers- gap
  - Formula changes, Rx forms, outreach
- Partners/Stakeholders
- Outreach to the general public

# Participation & Outreach



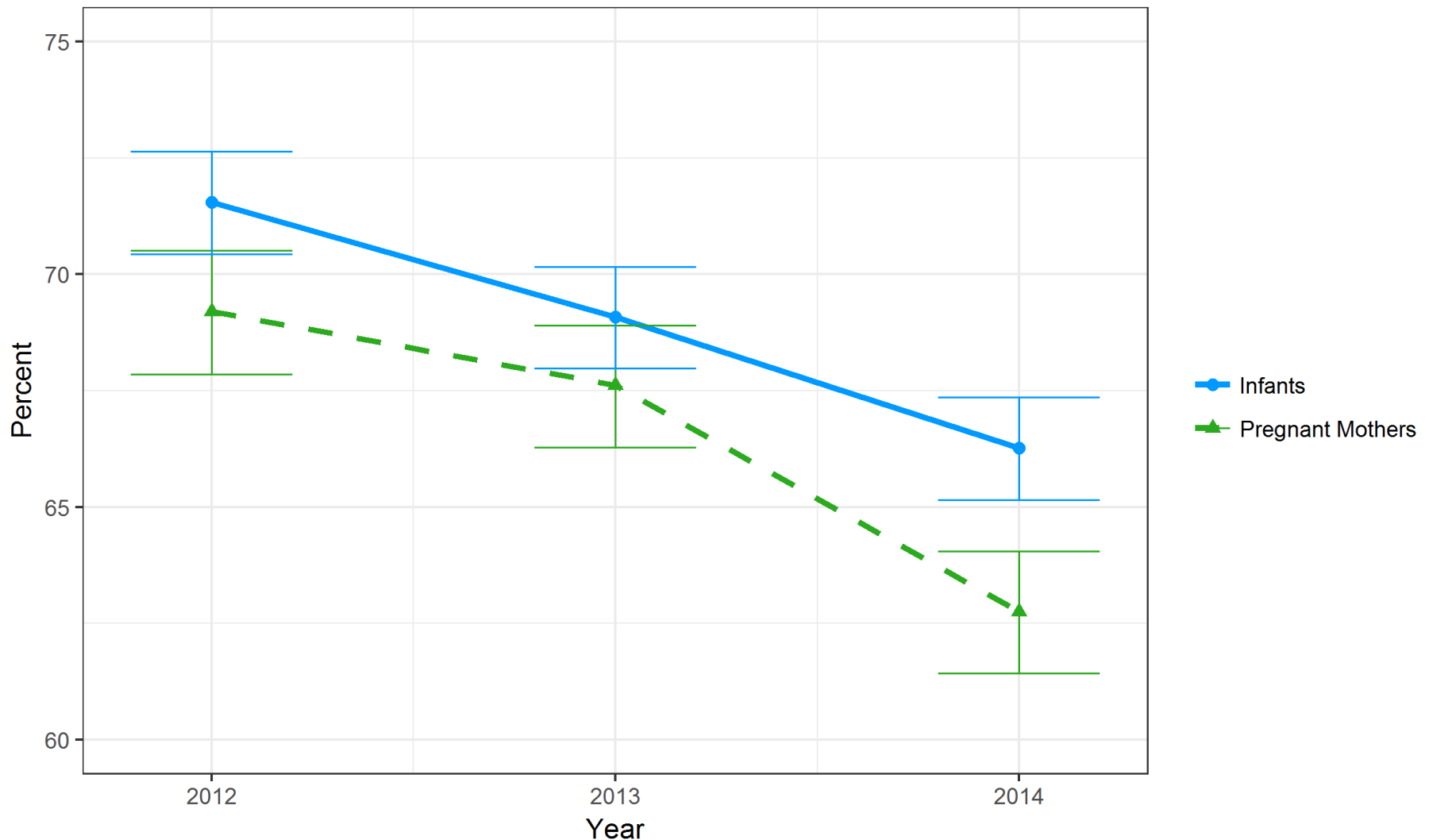
Adjunctively Eligible:  
Who is enrolling in Medicaid  
but not WIC?

# Our Data

- Pregnant mothers who gave birth in 2012-2014, and whose delivery was covered by Medicaid
  - 14,701 “Medicaid mothers”
  - 9,759 Medicaid mothers on WIC (66%)
- Infants (<1 year old) who were born in 2012-2014, and were covered by Medicaid at some point in their first year of life
  - 20,393 “Medicaid infants”
  - 14,048 Medicaid infants on WIC (69%)

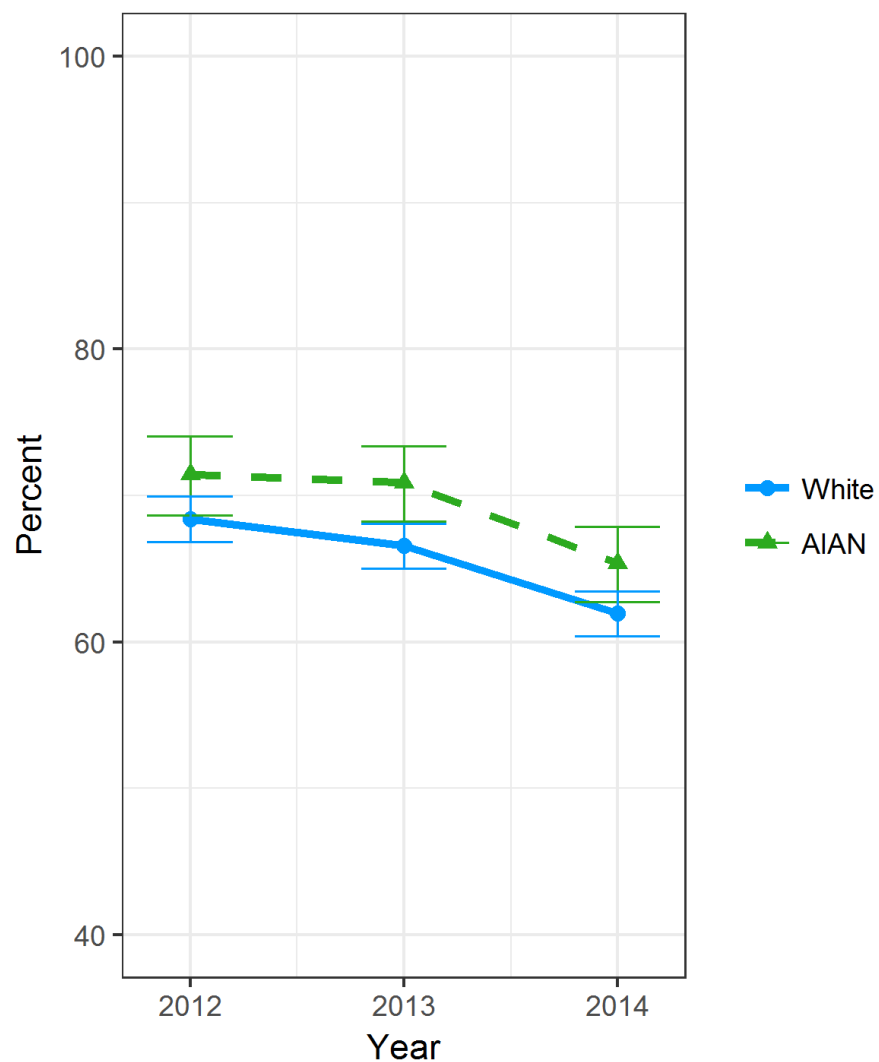


# Overall Adjunctively Eligible Enrollment Rates

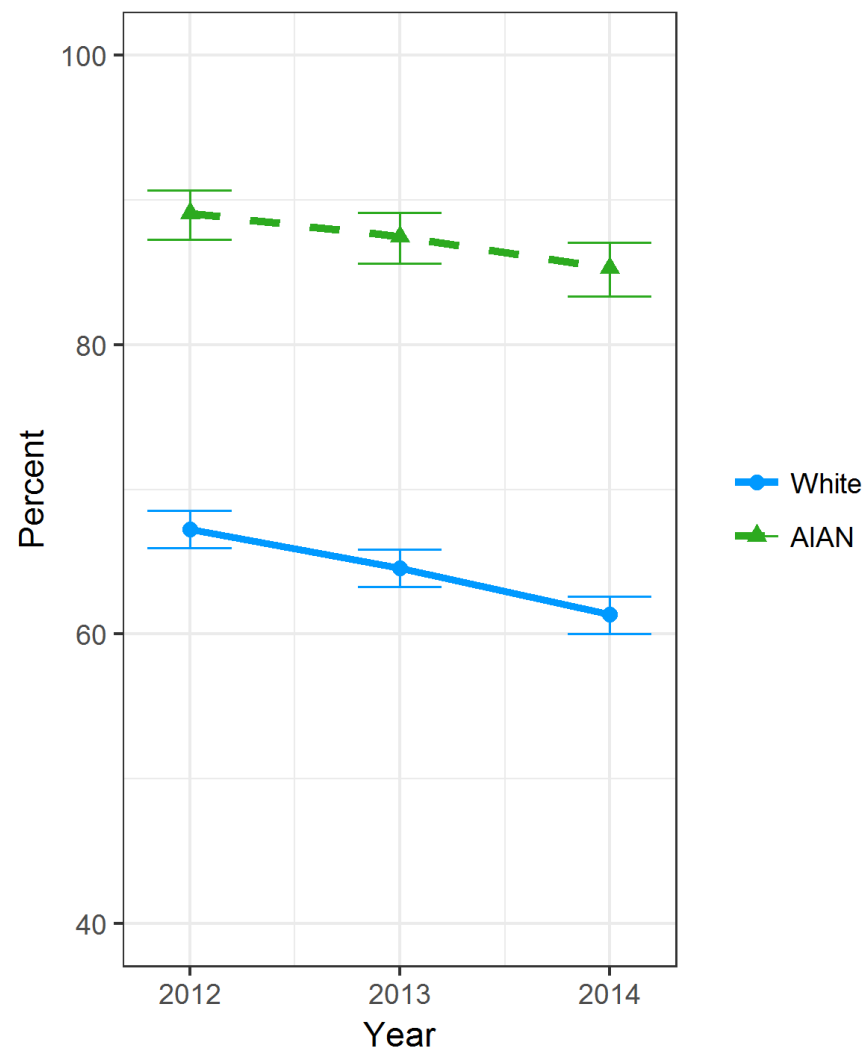


# Enrollment Rates by Race

% Medicaid Pregnant Moms Enrolled WIC

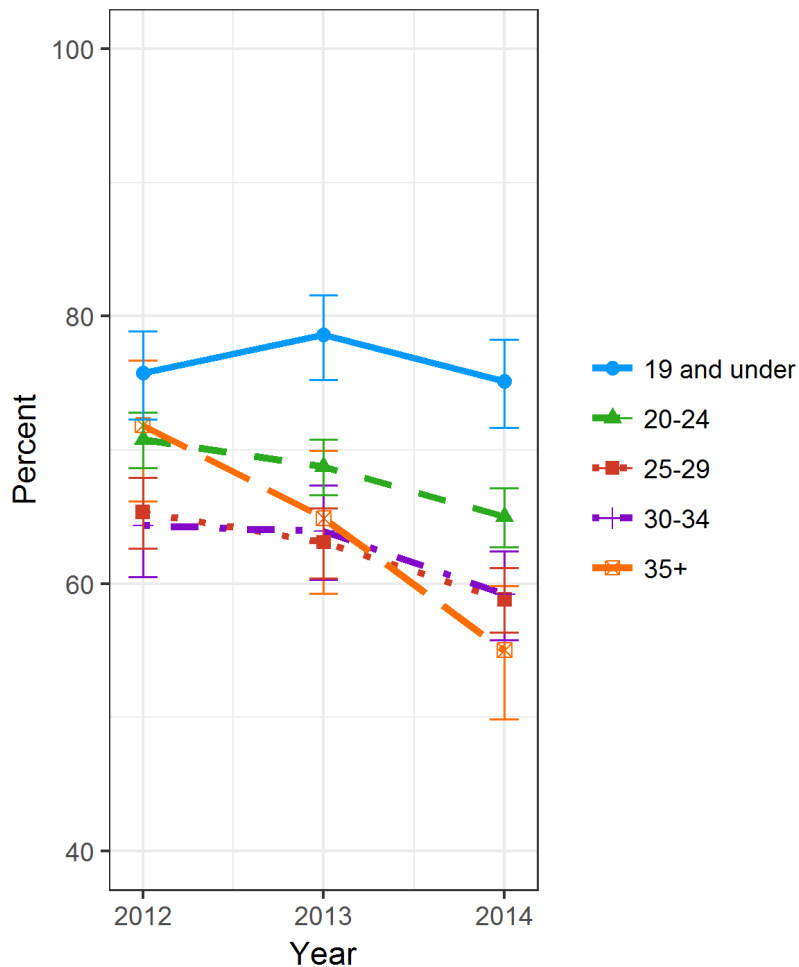


Percent Medicaid Infants Enrolled WIC

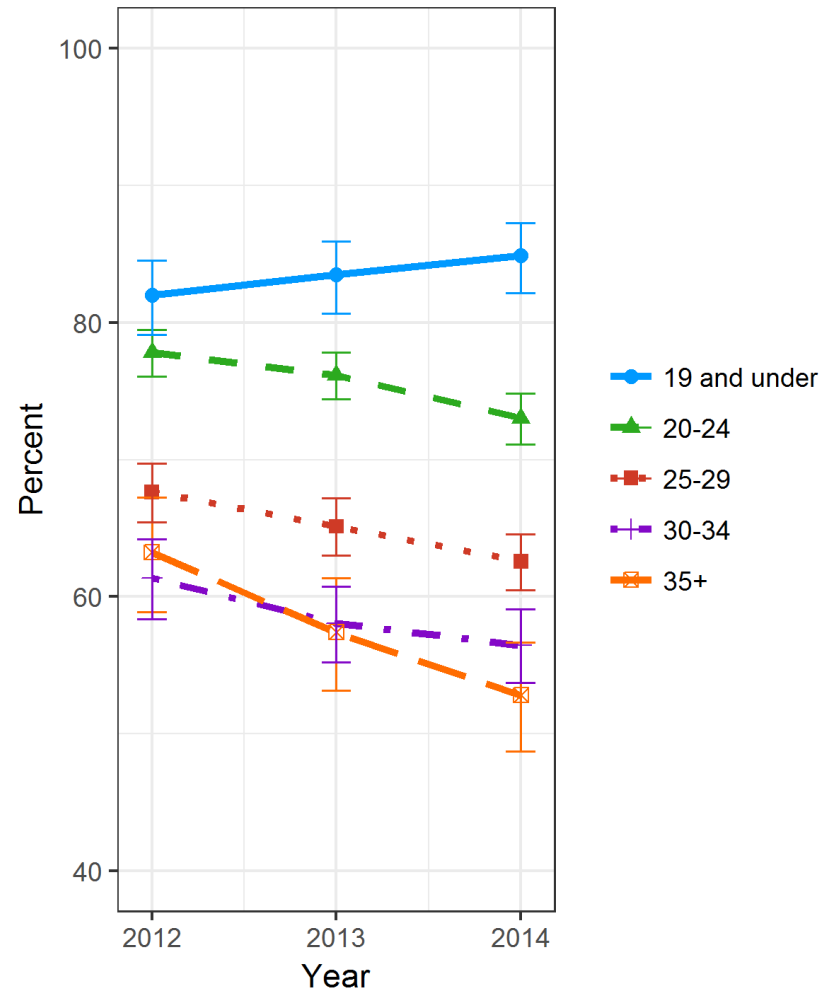


# Enrollment Rates by Maternal Age

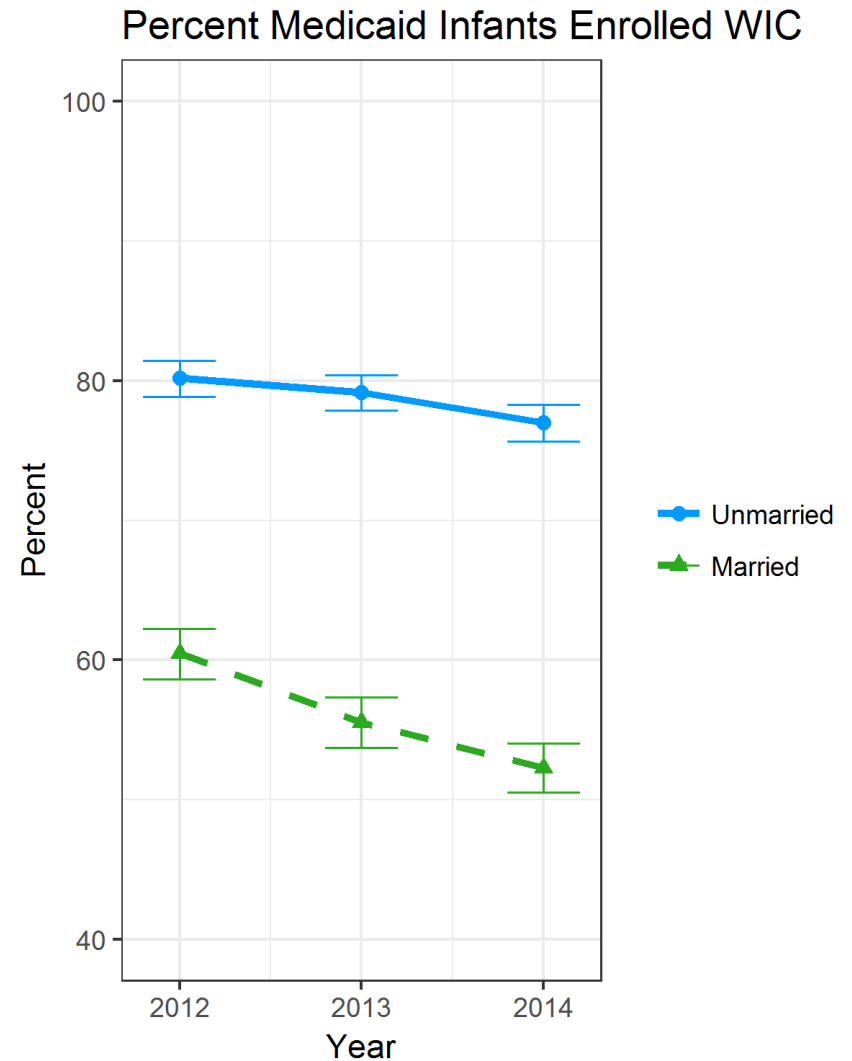
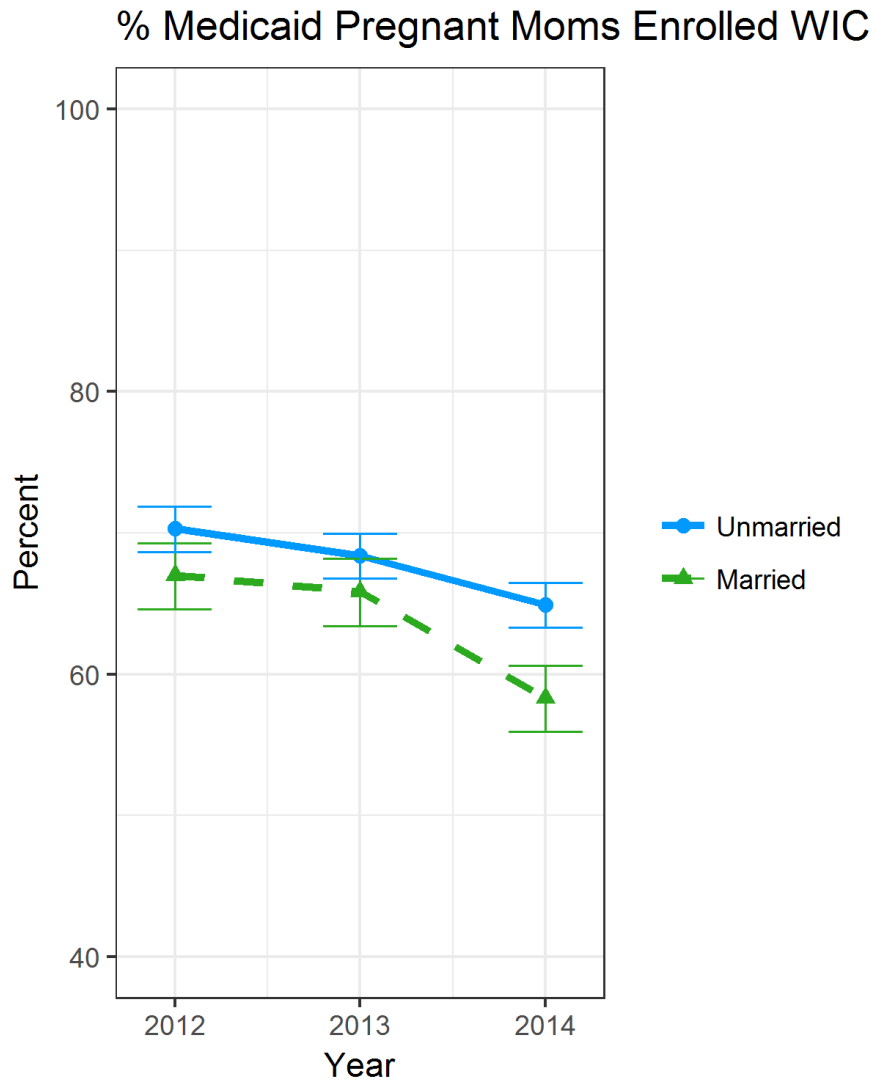
% Medicaid Pregnant Moms Enrolled WIC



Percent Medicaid Infants Enrolled WIC

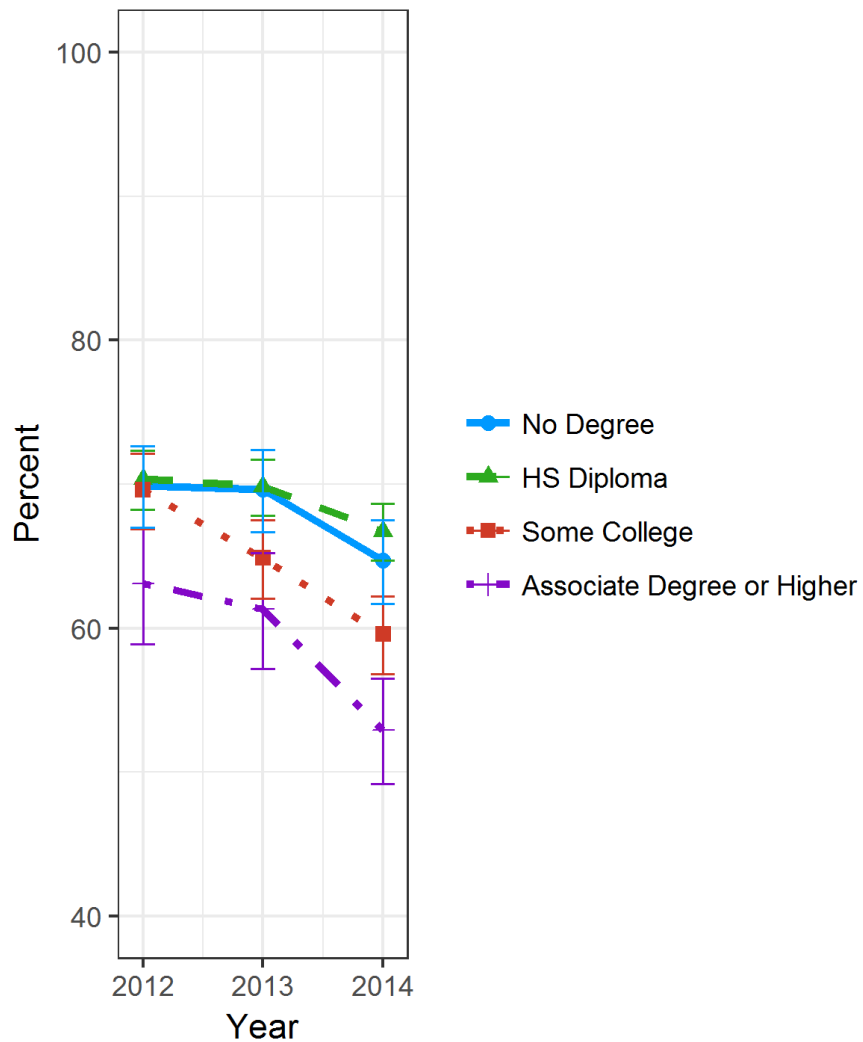


# Enrollment Rates by Marital Status

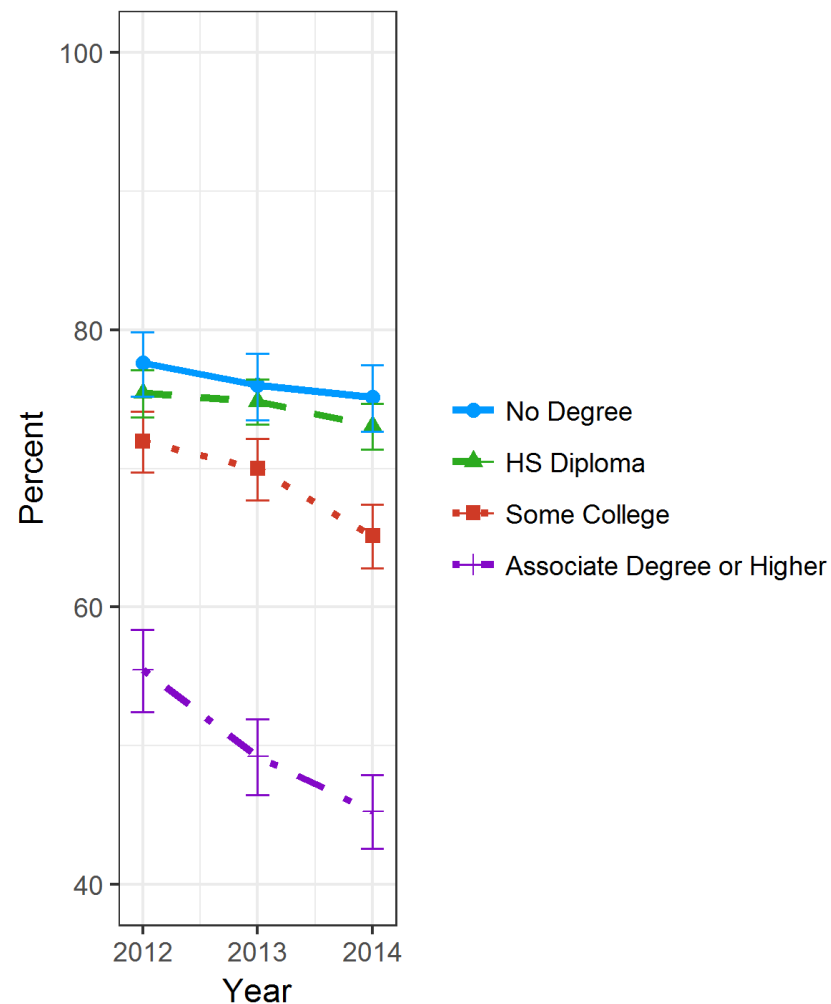


# Enrollment Rates by Educational Attainment

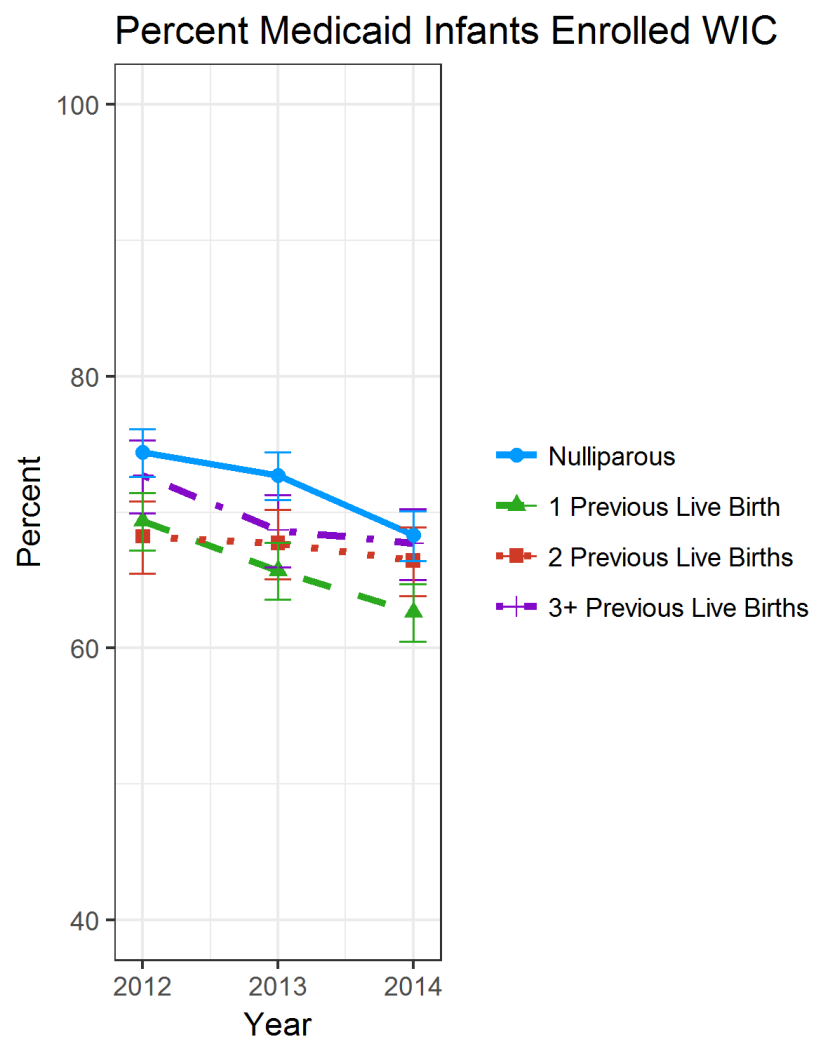
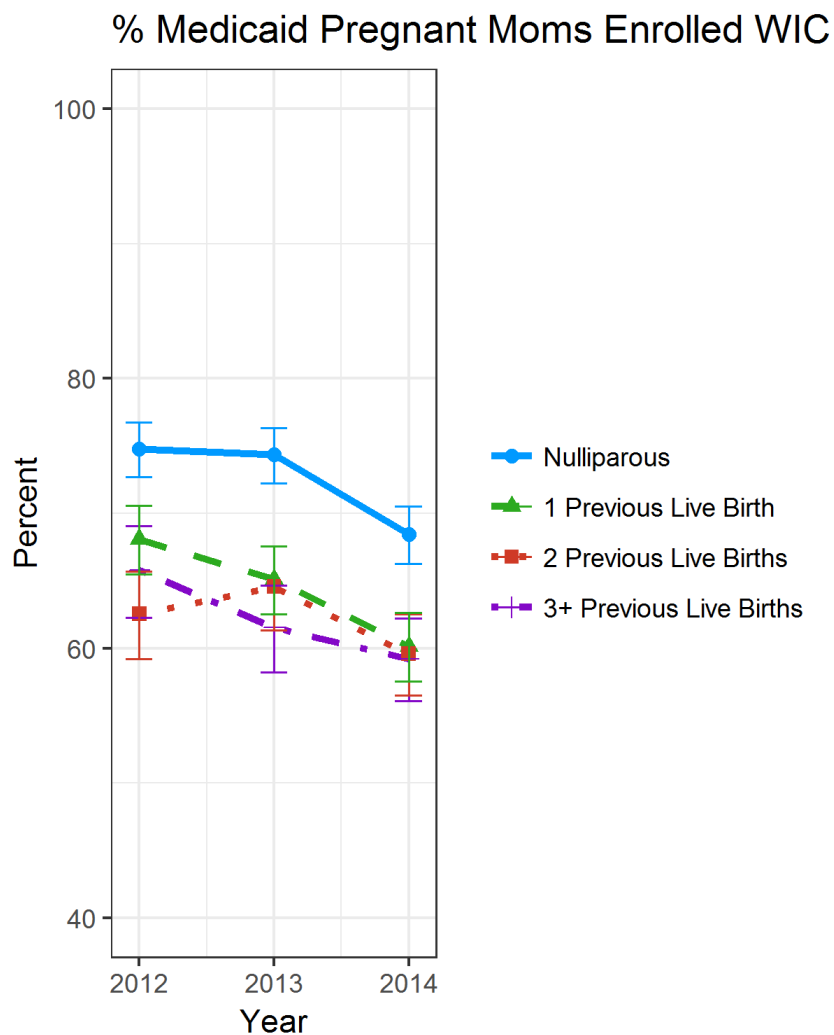
% Medicaid Pregnant Moms Enrolled WIC



Percent Medicaid Infants Enrolled WIC



# Enrollment Rates by Parity

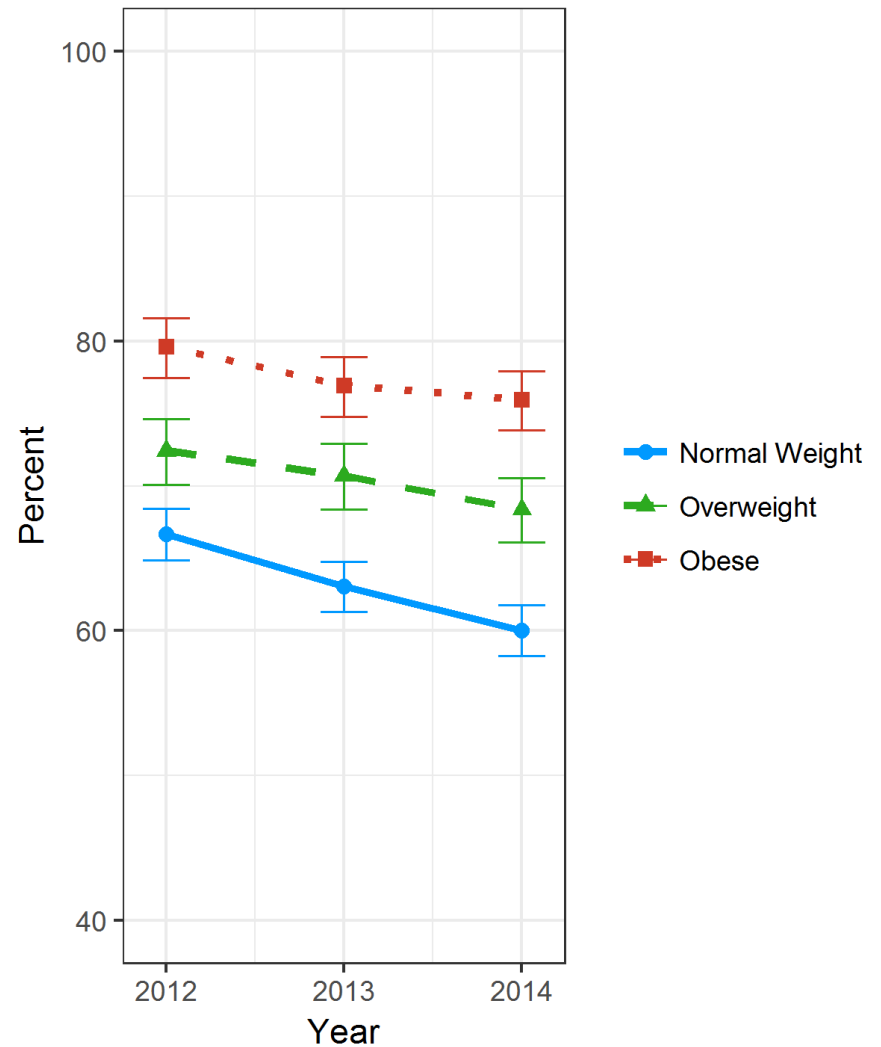


# Enrollment Rates by Maternal BMI

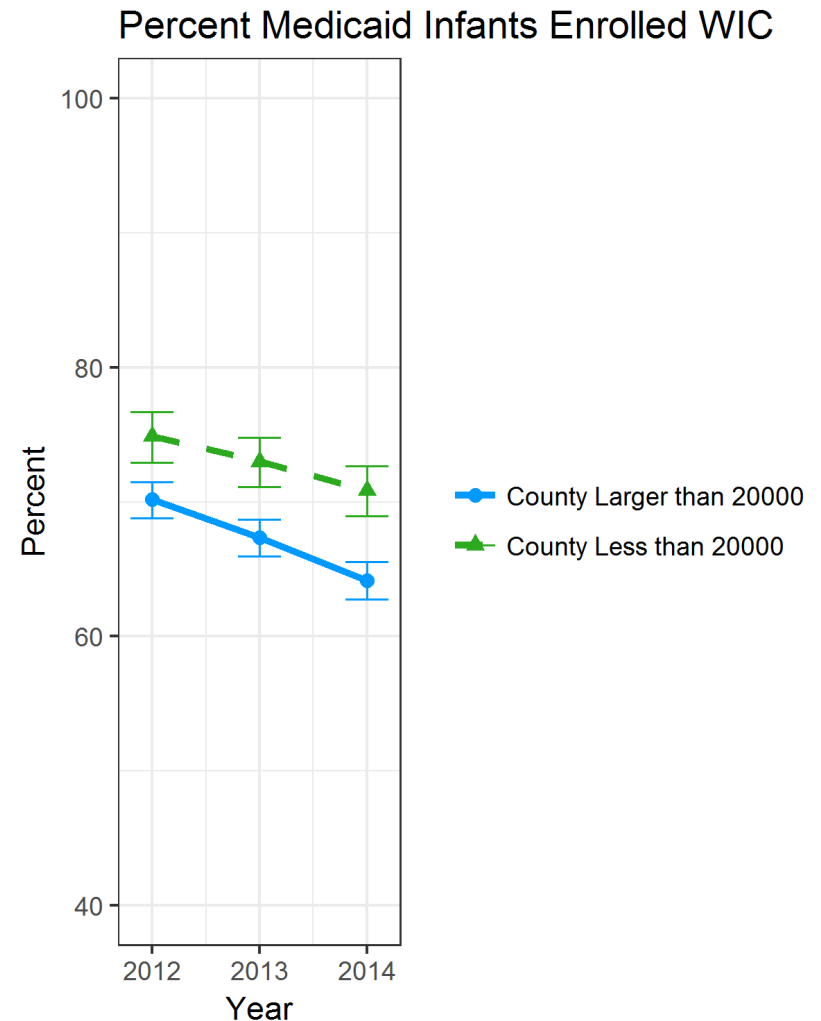
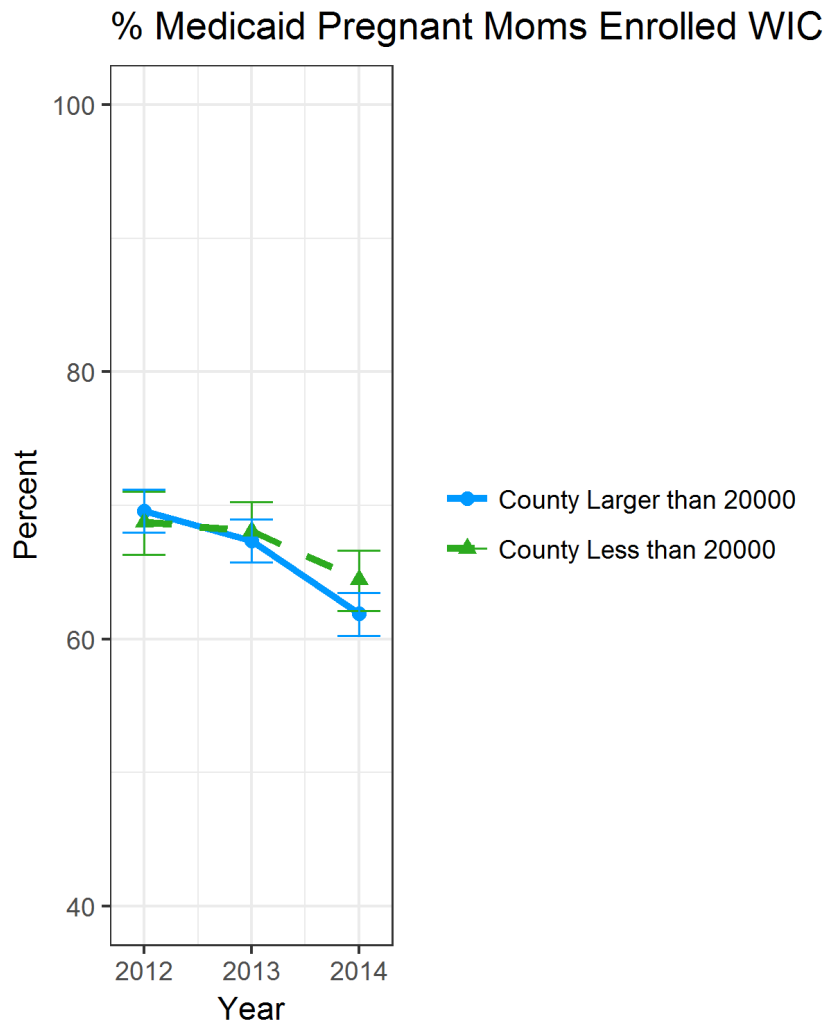
% Medicaid Pregnant Moms Enrolled WIC



Percent Medicaid Infants Enrolled WIC



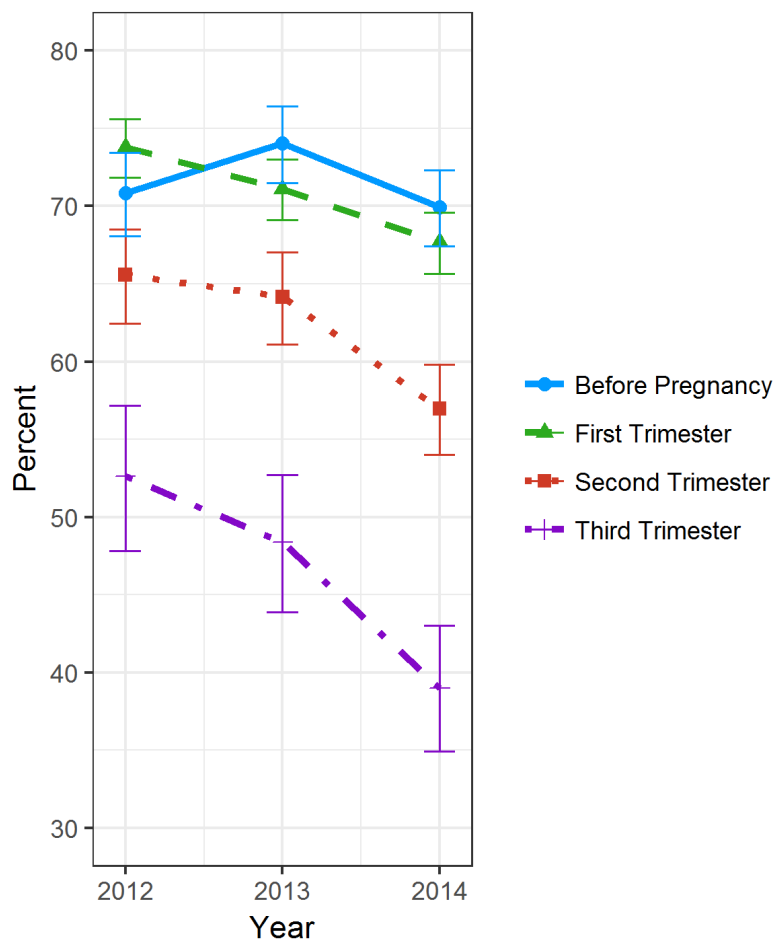
# Enrollment Rates by Size of Maternal County of Residence



# Maternal Factors Only

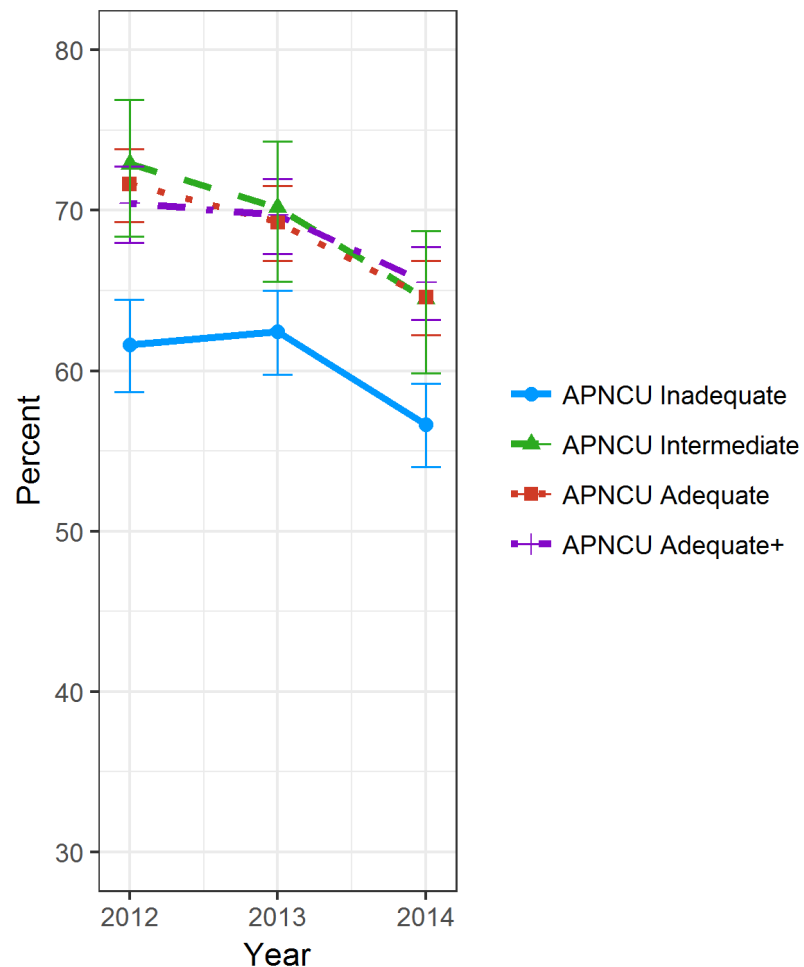
## Trimester Enrollment in Medicaid

% Medicaid Pregnant Moms Enrolled WIC



## Adequacy of Care

% Medicaid Pregnant Moms Enrolled WIC



# Odds of WIC Enrollment: Pregnant Mothers



Pre-Pregnancy BMI: Overweight: OR 1.2 Obese: OR 1.3 (vs normal weight)	Marital Status	Increased maternal age: 20-24 years: OR .80 25-29 years: OR .65 30-34 years: OR .70 34+ years: OR .72 (vs <20 years old)
American Indians: OR 1.3 (vs white)	County Size	Associates degree or higher: OR .79 (vs no HS diploma)
Adequate Prenatal Care: OR 1.3 (vs Inadequate)		1+ previous live birth: OR .70 (vs nulliparous)
		Late enrollment in Medicaid: 2 <sup>nd</sup> Trimester: OR .78 3 <sup>rd</sup> Trimester : OR .71 (vs already enrolled)
		Delivery in 2014: OR .77 (vs 2012)

# Odds of WIC Enrollment: Infants



Pre-Pregnancy BMI: Overweight: OR 1.3 Obese: OR 1.9 (vs normal weight)	County Size	Increased maternal age: 20-24: OR .72 25-29: OR .51 30-34: OR .42 34+: OR .41 (vs <20 years old)
American Indians: OR 2.8 (vs white)	Maternal parity	Associates degree or higher: OR .61 (vs no HS diploma)
		Mother is married: OR .50
		Year of birth: 2013: OR .88 2014: OR .78 (vs 2012)

# Outreach- Local

- Local- plans annually, checking at monitoring
  - Effective?
  - Share information with others?

# State Outreach Plan



# Annual Outreach Campaign

- Requesting \$150,000 in grant
- Strategy- discuss

# Food List



# Food List Review

- 2 Pager Review
- Items, outline, wording
  - Feedback?

# Food List Review

## Card Holder

- Pocket for card
- Pocket for receipt
- How to use card
- Info for Solutran (website, IVR phone number, reporting lost/stolen, etc.)
- Space for writing names, appts, ID numbers
- Space for clinic info
- Other?

## Food List Packet

- Food List (logos included)
- Rights & Responsibilities
- Fraud prevention info (no selling online, etc.)
- FAQ
- Shopping Tips (CVB \$ chart, visuals on math)
- Educational info (BF tips, etc.)
- What to bring to appts

# Day 2

January 11<sup>th</sup>



# Formula Prescriptions

- Review forms
  - Reasons why there are 2
  - Feedback
  - Providers still confused?
  - Recommendation to make really generic and they fill in everything
    - Provide reference (“formulary” to use)
  - Issues...
    - Formula companies constantly changing products

# WIC Data

- Breastfeeding Surveillance Report (every August)
- Also tracking Anemia & BMI
- Participation
- Other (review Health Stat Metrics)

# WIC Data Overview

- Participant Characteristics dataset (biannually)
- PedNSS & PNSS
  - Was CDC, now regionalized
- 798 Report
- No other standardized data



# Why/How Data is Tracked

- Collected... easy to pull and interpret
- In line with our purpose & strategic plan
- Comparable to national benchmarks (HP 2020)
- Can be impacted by interventions

# Feedback

- Data currently being disseminated
- What else would be useful?
- How to best share data?